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THE EARLY DEVELOPMENT OF MYOSITIS OSSIFICANS
PROGRESSIVA MULTIPLEX, ILLUSTRATED BY AN
APPARENTLY CONGENITAL OR ALMOST CON-
GENITAL CASE.

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AND

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THE patient, Mary T—, was shown by one of us on March the 28th, 1913, at the Royal Society of Medicine (Section for the Study of Disease in Children) on account of the peculiarity in her thumbs and great toes, and the presence of a bony spicule on the left side of her neck.* She was then a healthy-looking baby aged $7\frac{1}{2}$ months. At the time, careful examination by palpation, ordinary inspection, and Röntgen rays (Dr. N. S. Finzi), showed that the deformities in the feet and hands were quite symmetrical. The great toes (see Figs. 1 and 2) were everted ("hallux valgus") and overlapped by the other toes; they were abnormally short and altogether small, though the first metatarsal bones were of about average size. The

* 'Proc. Roy. Soc. Med.,' Section for the Study of Disease in Children, 1913, vi, pp. 160-163.

child's thumbs were turned inwards across the palms and were abnormally short and slender, the shortness being especially well marked in the first metacarpal bones (see Fig. 3). There was con-

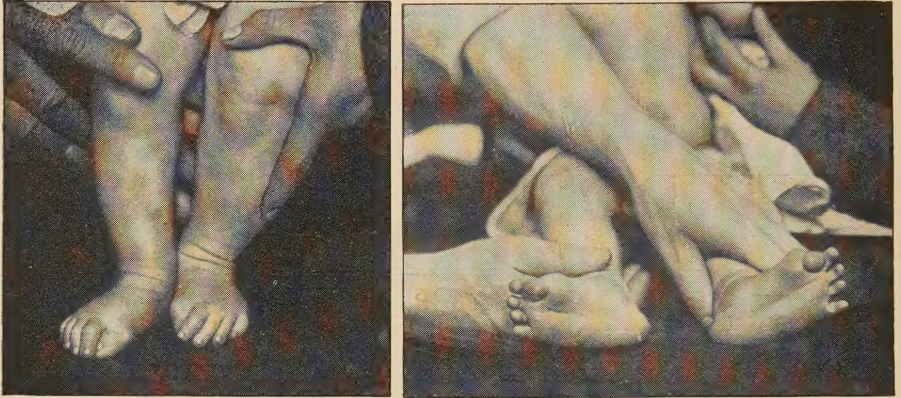


FIG. 1.—Photographs of the child's feet, showing position of the great toes.



FIG. 2.—Skiagram of the child's feet (hallux valgus).

genital ankylosis (will become synostosis) or non-development, of the interphalangeal joint of each great toe and each thumb. In addition to this microdactyly of the great toes and thumbs, there was an abnormal bony projection on the left side of the neck, which might have been mistaken for a cervical rib, but Röntgen ray examination

(see Fig. 4) showed the outgrowth to be a thin spicule of bone

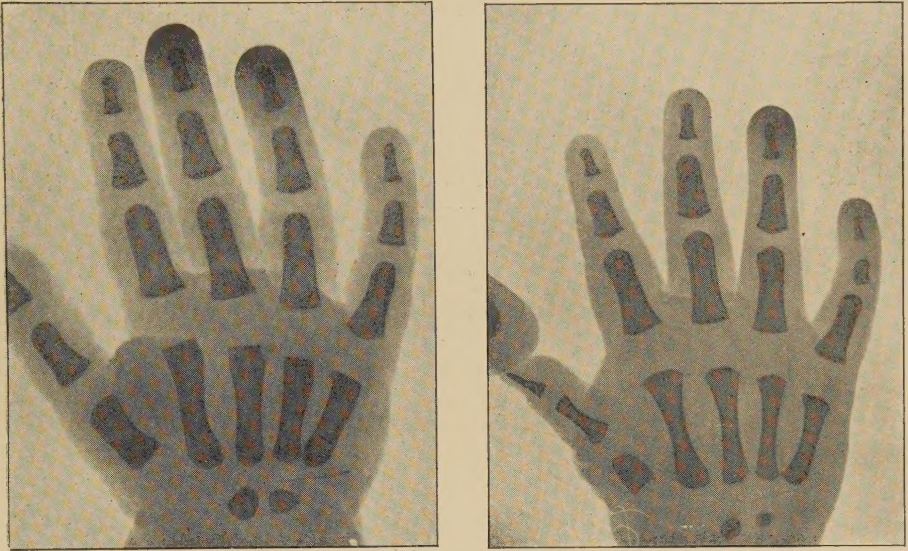


FIG. 3.—On the right is a skiagram of one of the patient's hands, showing the smallness of the metacarpal bone of the thumb; the thumb is being forcibly held in position. On the left is a skiagram of the normal hand of a male child, aged 10 months.

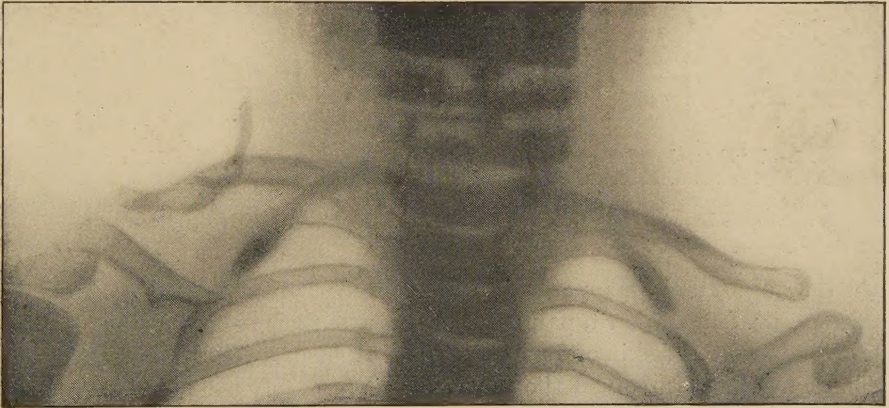


FIG. 4.—Skiagram of the child's cervical region from the back, showing the bony outgrowth from the left clavicle.

attached to the back of the middle of the left clavicle. This spicule, which reminded one of the styloid process of the temporal bones at the base of the skull, projected about half an inch upwards, appa-

rently at the outer border of the clavicular origin of the sternocleido-mastoid muscle, and its upper end could be felt almost immediately below the skin. Apart from these slight deformities, the patient seemed well formed, and was the only child of healthy parents, both young. There was no history of any similar malformation in any other members of either the mother's or the father's family, nor was there any definite history of "maternal impressions."

The child apparently continued to enjoy good health and nothing

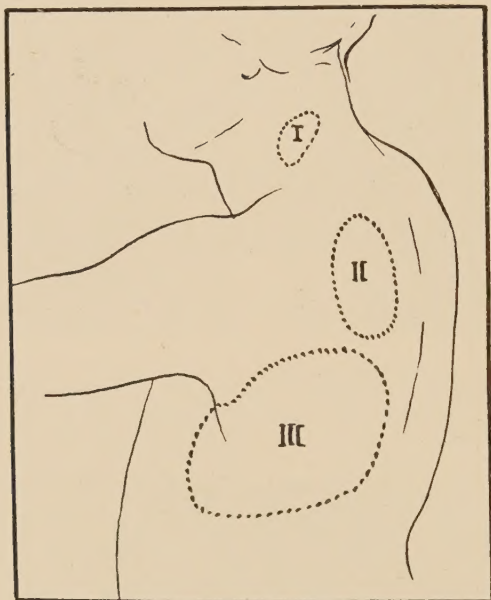


FIG. 5.—To show development of the swellings between March the 15th and March the 22nd, 1914. No. I appeared in the middle of March, a few days after a fall upon the left shoulder. No. II appeared on March the 22nd and was almost immediately followed by No. III. By that time No I had almost completely disappeared.

further abnormal was noticed until March, 1914, when a series of diffuse, ill-defined, hard, painless (and not tender) swellings began to develop under the skin of various parts of the trunk (see Figs. 5 and 6). These swellings involved the muscles and probably the subcutaneous tissue, the skin could be moved freely over them, and they were not accompanied by fever or constitutional disturbance. The first one to attract attention was situated in the left posterior triangle of the neck (Fig. 5, No. I). It appeared about the middle of March, a few days after the child had had a slight fall on her left shoulder. This swelling soon began to diminish, but on March the 22nd another swelling

(Fig. 5, No. II), of the same character, was observed over the upper left scapular region (Fig. 5 and Fig. 6, No. II), and was almost immediately followed by a third swelling (Fig. 5 and Fig. 6, No. III) over the left lower part of the thorax. Before these last two swellings on the left side had disappeared analogous swellings formed on the right side. First of all, on April the 4th, one was noticed on the right side of the neck (Fig. 6, No. IV), and, a few days later, others appeared lower down on the right side (Fig. 6, No. V and No. VI) corresponding to the second and third on the left side. The lowest

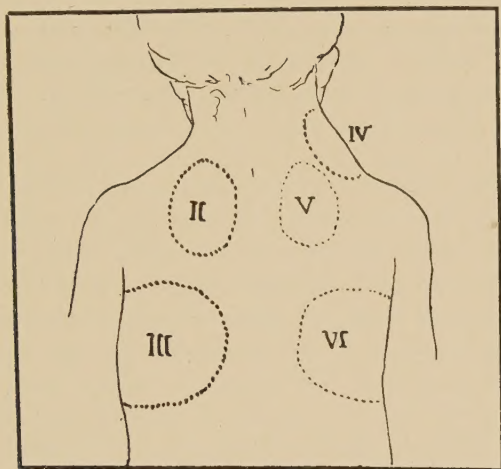


Fig. 6.—To show further development of the swellings. On April the 4th, 1914, while swellings No. II and No. III were still present, No. IV appeared and was followed, a few days later, by No. V and No. VI, corresponding on the right side to No. II and No. III on the left side.

of these swellings occupied the lowest scapular, infra-scapular, and lateral regions of the thorax; the superficial veins over it appeared to be slightly dilated. A slight enlargement of superficial veins was also noticed over most of the other "lumps" or swellings of this class.

Though Dr. J. Metcalfe, by Röntgen-ray examination on April the 20th, 1914, failed to find any evidence of calcification or abnormal ossification at the sites of any of these swellings, it seemed clear to us, owing to a publication by Dr. A. E. Garrod,* that our case was an early one of myositis ossificans progressiva. In his paper Garrod described the case of a boy in whom, from the age of five months

* "The Initial Stage of Myositis ossificans progressiva," 'St. Bartholomew's Hospital Reports,' London, 1907, xliii, p. 43.

onwards, lumps appeared on the head (occipital region) and trunk, which increased in size for a time and then gradually disappeared, leaving no obvious traces behind them. The swellings were most numerous on the boy's back, but two were situated on the front of the chest, apparently in the outer parts of the pectoral muscles. Garrod writes: "When the patient left the hospital no induration was felt in any situation in which the swellings had formerly been, although one can hardly doubt that some lesions must have remained. Nowhere was there anything to suggest that an abnormal formation of bone had taken place. . . . His rectal temperature never rose above 100° F., but evening rises to 99° F. were frequently recorded. The appearance of a fresh swelling, even though a large one, was not attended by any marked constitutional disturbance. Pain, if present, was evidently slight, and tenderness of the swellings was never elicited." No Röntgen photographs were made in that case, but in the following year information received by Dr. Garrod left no doubt that ossification was occurring in the muscles, and that the case was a very decided one of myositis ossificans progressiva. Garrod refers to other cases of the disease, in the earliest stages of which transient swellings were said to have developed and to have disappeared, leaving no obvious traces behind them. He kindly informs me that Dr. John Thomson, who confirmed the diagnosis in his case, had had the opportunity of watching the progress from an early stage in a similar case. He particularly cites a description, by Salvetti,* of the case of a child, aged 4 years. In that case, "although obvious bony deposits were already present in some of the swellings, and the presence of such was verified by microscopic examination of a portion removed during life, it is mentioned that in January, 1903, some swellings, which had been present upon the head in the summer of 1902, had completely disappeared without leaving any trace behind them."

In our own case the diagnosis of myositis ossificans progressiva was strongly confirmed by the presence of the microdactyly of the great toes and the thumbs, which we have described and figured (see above). The bony spicule on the right side of the neck (possibly connected with the outer border of the clavicular origin of the sterno-cleido-mastoid muscle), which was already present when the child first came under observation, suggests that in regard to its commencement the disease was in our case congenital or almost congenital. Garrod quotes H. Lorenz's description of the microdactyly of the great toes in cases of myositis ossificans progressiva

* 'Arch. f. Kinderheilk.,' 1904, xxxix, p. 317.

as follows: "This deformity consists in a change in both great toes, which usually takes the form of a hallux valgus with retardation of development, the great toes coming to lie beneath the second toes. The shortening is usually explained by an absence of the first phalanx; but this explanation does not hold good in every case, for recently von Zoege-Manteuffel has demonstrated on the skeleton a synostosis of the shortened phalanges of the toes, which could, in his opinion, be easily mistaken for absence of the first phalanx, which has so often been described previously. A similar condition had been described a short time before by Fürstner."* In our present case the condition of the great toes corresponds exactly to Zoege-Manteuffel's description. The corresponding deformity in the thumbs, also noted in our case, appears to be by no means invariably present in cases of myositis ossificans progressiva.

In a single case of myositis ossificans (described long ago by the surgeon Cæsar Henry Hawkins) antisiphilic treatment is said to have given a good result. In our present case the blood-serum (May the 3rd, 1914) gave a negative Wassermann reaction for syphilis. Examination of the child's blood (Dr. Sons, April the 23rd, 1914) gave the following results: Red cells, 6,160,000 to the cubic millimetre of blood; white cells, 20,200 (after the midday meal); hæmoglobin (Sahli's method), 60 per cent. Differential count of white cells; neutrophile polymorphonuclears, 65 per cent.; eosinophile polymorphonuclears, 0·5 per cent.; basophile polymorphonuclears, 0; lymphocytes, 31·5 per cent.; transitionals, 3·0 per cent. The urine showed nothing special. By ophthalmoscopic examination of the child's eyes (April the 27th, 1914) Dr. C. Markus found nothing abnormal. The lower jaw was not particularly small, as it has been found to be in some cases of myositis ossificans progressiva.

On April the 23rd, 1914, for biopsy purposes, Mr. A. Compton excised a small piece of the right latissimus dorsi muscle (over the lower part of the scapula, where it was obviously swollen), and likewise a piece of the subcutaneous fat covering it. The affected muscle was hard, swollen, and relatively pale, and the fascial covering was of a dull white colour. The subcutaneous fat over it also seemed swollen. He also excised a small piece of the right vastus externus muscle and a small piece of the subcutaneous fat over it, as specimens of the patient's clinically normal tissues to compare with the affected tissues. Of these four pieces the micro-

* See H. Lorenz, 'Die Muskelerkrankungen,' Theil 1, Wien, 1898, p. 284.

scopical sections of the latissimus dorsi muscle (which was macroscopically obviously diseased) were the only ones which showed anything abnormal. The accompanying illustrations (Figs. 7, 8 and 9) are from microscopical drawings by Mr. A. Compton.

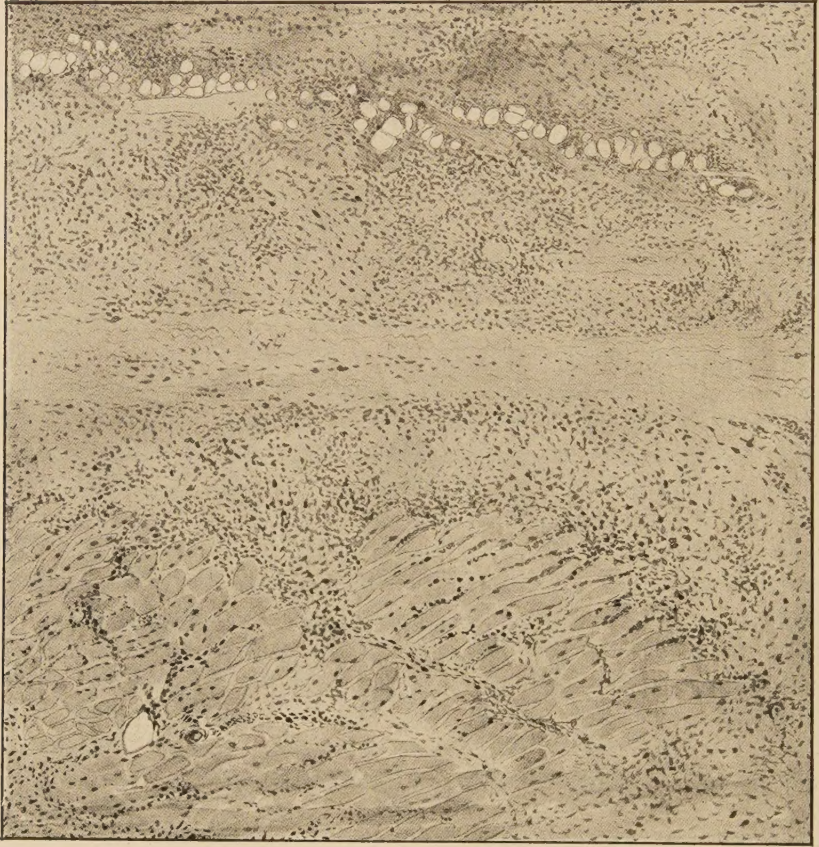


FIG. 7.—Microscopic section of right latissimus dorsi muscle, showing the invasion of the muscle by newly-formed fibro-cellular connective tissue. The muscle-fibres are seen best preserved in the lower part of the figure.

The chief histological change shown in the diseased muscle, a change well illustrated by Mr. Compton's drawings, is the invasion of the striped muscle tissue and the normal connective tissue belonging to it, by a newly-formed fibro-cellular connective tissue, which in its features resembles rather a fibromatous hyperplasia than a product of ordinary inflammation. The muscle fibres are, however, likewise

undergoing degenerative changes, tending to split up longitudinally into fibrillæ and, in parts, to atrophy. No micro-organisms, special eosinophilic cells (local eosinophilia), or commencing calcification

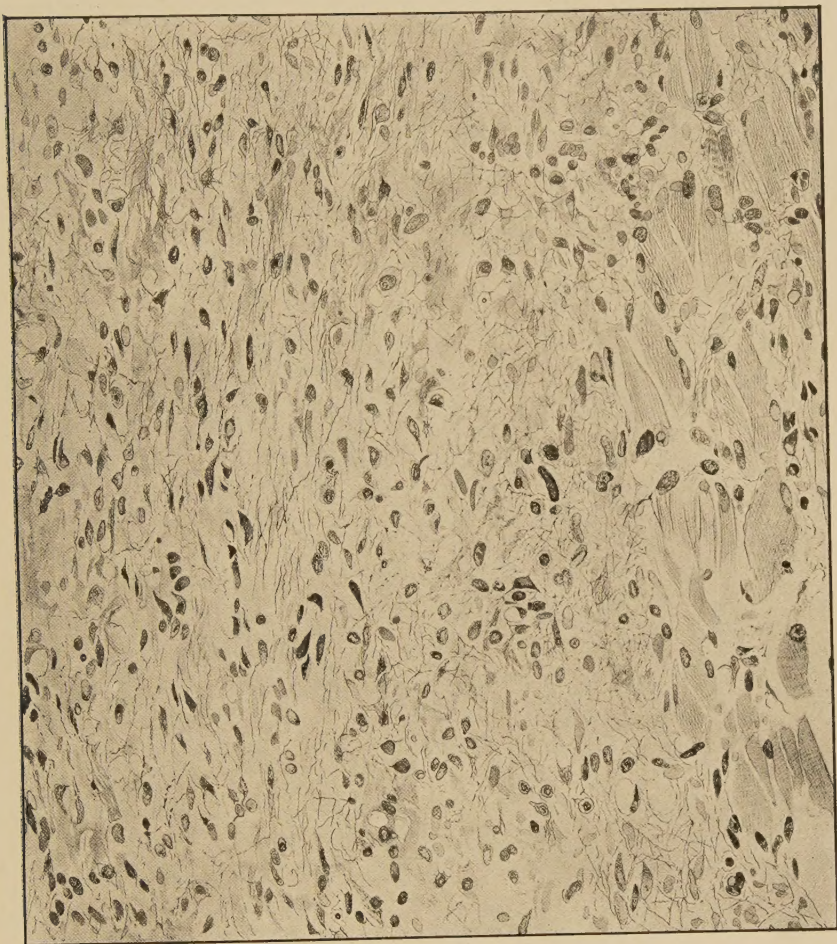


FIG. 8.—Right latissimus dorsi muscle. Higher magnification.

was discovered in the sections. The correctness of the term "myositis" in regard to the present disease is very doubtful, and Gobo (of Japan) has (1913) suggested the substitution of the name "Hyperplasia fascialis ossificans progressiva."

The later history of our case has abundantly confirmed the early

diagnosis of myositis ossificans progressiva, though the rare disease in question is decidedly still rarer in females than in males.

In May, 1914, a distinct bony formation could be felt about the posterior axillary fold on the left side, probably in the left latissimus dorsi muscle. At the same time another of the transient swellings

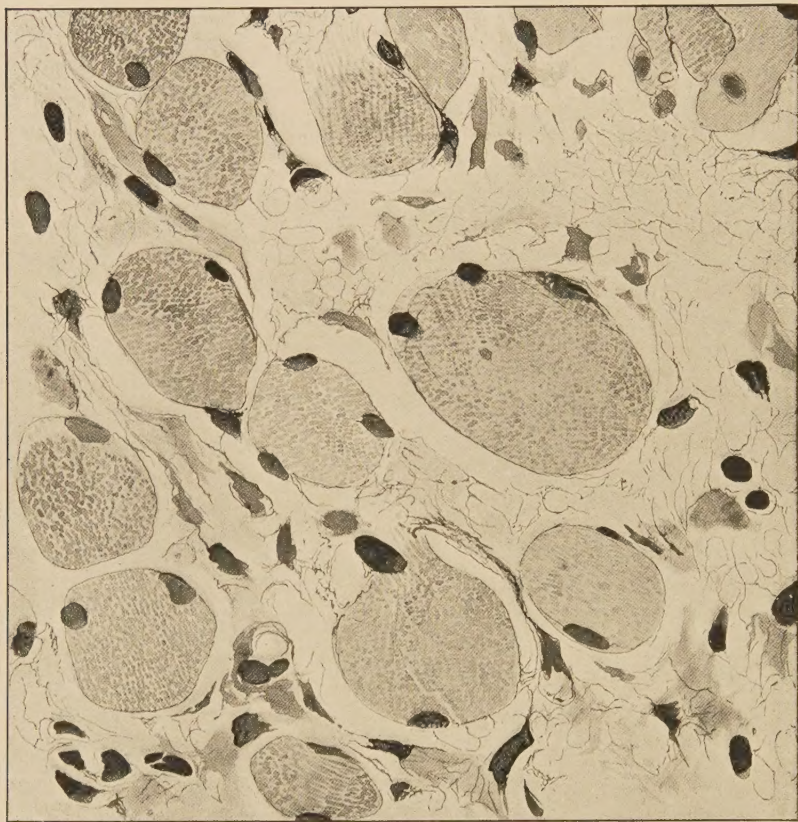


FIG. 9.—Right latissimus dorsi muscle. High magnification. Showing the splitting up of the muscle-fibres into fibrillæ.

occurred, namely, on this occasion in the region of the right pectoralis major muscle. Röntgen skiagrams kindly taken by Dr. J. Metcalfe on June the 4th showed marked shadowing, corresponding to the bone-formation in the left axillary fold. In June hard swellings developed in the right biceps muscle and over the lower part of the right scapula, and also at a corresponding position on the left side of the thorax. Treatment by subcutaneous injections of Merck's

fibrolysin was tried in June, but was soon discontinued, as it seemed to be doing no good. In August the child appeared well in her general health, but the previously-mentioned swelling in the right biceps muscle was very firm, so that the right elbow-joint was fixed at nearly a right angle. The lower end of the right scapula was bound by a bony, or partially bony, band either to the chest-wall or to the vertebral column. In the right thigh an irregular bony plate had developed over the vastus externus muscle at the site of the biopsy incision (of April the 23rd, 1914). Similarly, a bony deposit could be felt in the deltoid muscle area of the left arm, where the injections of fibrolysin had been made. Lastly, the whole left rectus abdominis muscle, from the pubes to the chest-wall, felt as if it had undergone a fibrous thickening, but this thickening has now entirely disappeared. In September and October an apparently bony lump on the occiput at the insertion of the trapezius muscle gradually formed, and, for the third time, a swelling (of tough, leathery elastic consistence, like the preceding ones) developed on the back, just below the angle of the right scapula. The child now looks well nourished and happy, but is very stiff in the movements of her neck and back, the power of extending the neck becoming more and more limited. The limitation in all the movements of the head gives rise to a compensatory increase in the movements of the eyeballs, very characteristic of children suffering from any kind of chronic stiffness in the neck. There seems now also to be some osseous infiltration in both anterior and posterior axillary folds on both sides, limiting abduction of both arms.

The case is a striking example of the commencement of myositis ossificans progressiva in a baby, the first signs of the disease in the present patient having been almost, if not quite, congenital. The early diagnosis was due to the appearance of diffuse, hard, painless, transient lumps or swellings at various parts of the patient's body, similar in character to those so admirably described by A. E. Garrod in the paper above referred to. The effect of traumatism as an occasional exciting cause of the local manifestations of the disease is illustrated in the present case by the occurrence of the first "lump" (*i.e.* the swelling on the left side of the neck) a few days after a slight fall on the left shoulder, and is still further illustrated by the development of bony lumps at the site of one of the biopsy incisions and at the site of the fibrolysin injections. The disease appears in this case, as in other cases, to be due to a congenital, but not inherited, tendency to the formation of fibrous tissue and bone in striped muscles (that is to say, in the connective tissue

normally belonging to the muscles), especially at the site of, and as a result of, traumata (even slight traumata) of various kinds. The present case also shows that the growth of the newly formed bone in myositis ossificans progressiva does not necessarily proceed from the periosteum, as it seems to do in cases of ordinary traumatic localised myositis ossificans ("rider's bone," etc.). The bony lump at the site of the incision into the vastus externus muscle of the right thigh has, indeed, developed quite far from any periosteum. How little an ordinary inflammation of muscle (*myositis* in the strict sense of the word) has to do with the disease is shown in the present case by the results of microscopical examination of the diseased muscle before any local bone-formation had occurred, and likewise by the practical absence of fever or constitutional disturbance during the exacerbations. There is, indeed, something to be said in favour of such a term as "Hyperplasia fascialis ossificans progressiva," already referred to, but, on the other hand, it is inconvenient and unnecessary to change the old-established names of diseases for the sake of pathological theories. The disease, which advances by repeated fits and starts, appears histologically to be an *ossifying hyperplasia of the fasciæ and connective tissue of the striped muscles, especially the muscles of the trunk*. In the early stages of the disease, however, the muscular swellings constituting the exacerbations sometimes subside without the immediate occurrence of any local ossification at the site of the swellings.

NERVOUS CRETINISM.*

By Major R. McCARRISON, I.M.S., M.D., F.R.C.P.

IN a paper entitled "Observations on Endemic Cretinism in the Chitral and Gilgit Valley," which I read before the Medical Section of this Society in November, 1908, I drew attention to the frequent association of a definite train of nervous symptoms with cretinism. These symptoms were present in seventy-one cases among a total of 203 cretins, and appeared to me to constitute a definite type of disease to which I applied the term "nervous cretinism." I was well aware then, as I am now, of the objections to the use of this term, but in distinguishing these cases by a distinctive title I had hoped to focus

* A paper communicated to the Section of the Study of Disease in Children of the Royal Society of Medicine on July the 22nd, 1914.

attention on a condition, the dependence of which on congenital hypothyroidism had, so far as I am aware, previously escaped recognition. My object in making this further communication is to point out the comparative frequency with which this type of cretinism is to be met with, and the necessity for its early recognition; and further, to insist on the fact that the nervous, in common with the cretinoid, symptoms which characterise it are due to the thyro-parathyroid deficiency.

SYMPTOMS OF THE DISEASE.

The symptoms of this type of cretinism were fully discussed in my original paper (11) and are, in brief, a combination of congenital myxœdema (cretinism) with congenital cerebral diplegia, in all their varying grades. In one case the myxœdematous signs may predominate, in another the diplegic. As a rule, it is easy to detect the well-known signs of myxœdema, but there are rare instances in which these signs are almost wholly wanting. The dolichocephalous skull and the facial appearances may afford important indications of the nature of the case, since myxœdematous signs are often to be observed in the face and head when they are absent from other parts of the body. Where the nervous symptoms are predominant, there is often a lesser degree of stunting of growth than is the rule in the purely myxœdematous type of the disease. The signs of derangement of the central nervous system may vary from the slightest degrees of paraplegia to the most intense grades of spasticity, athetosis, fits, and idiocy. Nystagmus, which is rare in the purely myxœdematous forms, may be present in these cases, and squint is common. Such extreme examples of this type of cretinism may be indistinguishable from cases of "cerebral diplegia," and it is only by the recognition of the scanty myxœdematous signs of the malady, and by the application of the therapeutic test of thyroid medication, that their true nature can be appreciated. Sufferers from the lesser degrees of the affection are backward in their physical and mental development, slightly cretinoid in appearance, slow to cut their teeth, to talk or to walk, paraplegic, afflicted with stubborn constipation, or it may be with enuresis. The constipation may be due in part to the functional inefficiency of the nervous mechanism which controls peristalsis, but is in part due also to the lack of thyroidal activity, which is so important an influence in stimulating the secretion of the succus entericus (9).

PREVALENCE OF THE DISEASE.

Turning now to the question of the frequency with which "nervous cretinism" is met with, my original account of the condition in 1908 (11) will make it clear that it is common in goitrous districts. Chagas (2), when he published his descriptions of the so-called "parasitic thyroiditis" of Brazil in 1911, referred to the common occurrence of cases of "cerebral diplegia" of all degrees of severity in children who had suffered from this thyroiditis. In referring to what he has described as the "chronic forms" of this affection, Chagas differentiated a "nervous" as well as a "myxœdematous" and other types. His description of the first and the appearance of his cases as seen in photographs resemble mine very closely. Now the types of cretinism met with in Europe and in India are almost invariably congenital and are not the result of a specific thyroiditis induced by a trypanosoma infection, and I find it impossible to believe that a trypanosoma infection is in itself sufficient to account for the cases recorded in Brazil. I have elsewhere (12) suggested that the so-called "chronic types" of the Brazilian disease may be forms of goitrous and cretinous degeneration, upon which is superimposed a trypanosoma infection. In India all varieties of cretinous disease are constantly met with in localities where such protozoal affections as kala-azar and malaria prevail with intensity, and I venture to think that it would be as reasonable to attribute the cretinism of these localities to infections by *Leishmania* or *Hæmamoeba malarix* as to hold that the cretinism of Brazil is the result of infection by *Trypanosoma cruzi*.

But the fallacy of such reasoning is exposed by the fact that all types of cretinous disease are met with in Europe and of India where parasitic thyroiditis is as unknown as are kala-azar and malaria. It is true that in localities where such protozoal infections are endemic, cases of goitrous and cretinous degeneration are often more common or more severe in type, and for the reason that almost all acute infections have a definite action on the thyroid gland. These infections, however, serve only to accentuate the congenital thyroidal inadequacy; they are not the primary cause. So important was the influence of malaria on the production of these types of diseases regarded to be by such a competent observer as Macnamara (10), that over thirty years ago he attributed goitre and its sequelæ to the miasma of malaria. Chagas does not claim that the chronic forms of the malady bearing his name are identical with the goitrous and cretinous degenerations of Europe, but I venture

to think that he has not excluded, in a manner which leaves no room for doubt, the possibility that the form of trypanosomiasis which he has described may be an infection superimposed upon "endemic goitre," and not, as he considers the infection to be, the veritable cause of this malady in Brazil.

Since the publication of my original account of nervous cretinism a considerable number of cases of the disease have been recorded in England. In the winter of 1908, I saw, with Dr. Hawthorne, a case at the Royal Waterloo Hospital which responded readily to thyroid medication. Dr. Hawthorne has since informed me that he has met with a number of others, and obtained a considerable measure of success in their treatment by thyroid extract. In March, 1913, Dr. Langmead showed a case before this section, and recorded the markedly beneficial results of thyroid treatment (8). In December of the same year, Dr. Crookshank showed another case before this section which was one of six or seven under his care (3). He also was able to record the fact that the patient, who "could hardly walk or talk seven months ago," was, as the result of thyroid medication, now able "to walk and talk well."

Typical cretinism, as described in the text-books of medicine, may be a comparatively rare affection in England, but hypothyroidism in childhood is not rare, and types of infantile palsy of all grades of severity are amongst the manifestations of this state.

PROOF THAT THE NERVOUS SYMPTOMS OF CRETINISM ARE DUE TO THYRO-PARATHYROID DEFECT.

The markedly beneficial results of treatment by thyroid medication to which some reference has been made above is, I believe, a clear indication that cases of this kind, which are not due to other obvious cases of cerebral diplegia, are often the result of thyro-parathyroid disease. Further evidence in support of this conclusion is afforded by the changes which I found in the thyroid gland in a typical case. In this patient the nervous symptoms had predominated, the cretinoid signs were almost wholly wanting, yet the thyroid was found to be practically colloidless and to be invaded by dense bands of fibrous tissue; the parathyroid glands could not be found. It is certain, and the recent experimental work of Tatum (15) in very young rabbits has emphasised the fact, that "athyroidism is responsible for grave degenerative changes in practically all organs and tissues of the body, and many of the symptoms of cretinism have an anatomic basis in organic cellular changes." The experi-

mental work of Edmunds also has an important bearing in this connection (4). He has shown that the changes in the central nervous system which result in animals as a consequence of thyroidectomy consist in "chromatolysis of the cells, large and small, swellings of the cell bodies, swelling of the nuclei, extension of the nucleus, and total destruction of the cell body, leaving only a practically free nucleus." These changes, which cannot be attributed to microbic or protozoal agencies, are, I believe, sufficient to account for the symptoms seen in "nervous" cretinism.

It is clear, then, that these being the effects of athyroidism on the central nervous system, cases of congenital thyroid defect should be recognised, and treatment undertaken, at the earliest possible moment before permanent damage has been done to the neurones. The amount of benefit to be derived from thyroid medication will be dependent on the duration of the hypothyroidism, or of the athyroidism prior to the commencement of treatment.

MODES OF ORIGIN OF THE ATHYROIDISM OR HYPOTHYROIDISM.

In my original account of these cases I expressed the belief, as the result of my clinical observations, that defective thyroid function in the mother is the essential factor in the production of cretinism in the child, and that the defect in cretinism is one of the whole thyroid mechanism of the parathyroids as well as of the thyroid gland. I was then of opinion that the diversity of symptoms met with in cretinism is due to the extent to which the defect bears on the whole or part of that mechanism. Experimental researches on rats, which I have lately published (13), confirm this opinion. A point of interest in connection with the nervous type of the malady is the determination of the part played by parathyroid deficiency on its production. I have expressed the view that this part is possibly a considerable one (11). But though I have lately succeeded (13) in producing definite congenital parathyroid lesions in 32 per cent. of the offspring of female rats fed during gestation on intestinal anaerobes, or on the faecal filtrate from goitrous persons, and also in producing congenital cretinism in 47 per cent. of cases, these young rats did not live long enough to develop symptoms which could be referred to the parathyroid glands, and, consequently, I have been unable to provide definite experimental evidence in favour of this hypothesis. While I adhere to the opinion that parathyroid lesions play a part in development of the nervous symptoms associated with some cases of hypothyroidism, it appears to me that the diverse

symptoms observed in animals deprived of the whole or part of their thyroid mechanisms (16) (6) (5), and in cretins, may, in part at least, be due to the diverse nature of the toxic products of their own intestinal flora, or their own metabolism. The harmful action of such toxins on the tissues of the body may be rendered possible by states of thyroid and of parathyroid deficiency. It is conceivable that a definite toxin may give rise to changes which occur in the central nervous system, and that another may be responsible for the changes characteristic of myxœdema (14).

The point of practical importance, however, is recognition of the fact that certain cases of cerebral diplegia are associated with congenital disease of the thyro-parathyroid mechanism, and that these cases can be cured or greatly relieved by the provision of thyroid substance.

PREVENTION AND TREATMENT.

Since defective thyroid function in the mother is the essential factor in the production of cretinism in the child, it becomes necessary to protect the child during the period of gestation from all influence which may throw an added strain on her thyroid mechanism. Of special importance in this connection are the effects of infectious diseases, of helminthiasis, of intestinal toxæmia, and of fright and mental strain. All these I believe to be important determining factors in the production of cretinism in the child, and it is essential that they should be rigidly guarded against (11).

In the care of infants who may be the subjects of congenital hypothyroidism, the questions of their food and of their freedom from intestinal disorders are to my mind of great importance. I noted during my study of this disease in Gilgit the fact, to which I then attributed little significance, that in a small proportion of all cases in my series a definite history of defective food supply was obtained and that these were amongst the very worst cases of the disease I had met with. They were those in which, the mother's milk not being sufficient, artificial feeding had to be resorted to. We now know that human milk contains substances, probably the products of the ductless glands, which are requisite for the child's proper development. This being the case, we must take the greatest care in the artificial feeding of infants to provide their milk in a form which is not defective in these important ingredients. It is questionable whether the milk of a cow is a sufficient substitute in this respect for human milk. Certain it is that the process of boiling

cow's milk destroys many of its most important constituents, and children, though abundantly fed, are thus often deprived of essential substances upon which their physical and mental development largely depend. A consideration of recent works on the subject of food vitamins (7) must open our eyes to the great importance of providing artificially fed children with milk in a form which is not wanting in these essential substances, whose nature is probably closely allied to the products of the thyroid and other glands of internal secretion. It is possible that food deficient in these requisites may lead to a drain of vitamins from such tissues as the central nervous system, and thus turn the scale in favour of the development of the nervous symptoms which are present in so many cases of congenital hypothyroidism. It is rare that cases of this nature are detected in breast-fed infants till after the cessation of lactation, or till after the lapse of a period when breast-feeding should have ceased.

In connection with the important subject of relationship of intestinal disorders to the thyroid gland, I shall refer only to the influence which is exercised on this organ by intestinal parasites. Dr. S. Phillips Bedson (1), in an instructive paper published in the 'Annales de l'Institut Pasteur' of Paris in August of last year, pointed out that congestion, desquamation of the vesicular epithelium, and pronounced invasion of the thyroid gland by fibrous tissue, follow as a consequence of the subcutaneous injection into guinea-pigs, over a period of from three to five weeks, of extracts prepared from the bodies of intestinal worms. It is clear that changes such as these must give rise to impairment of the organ's function. Careful search should, therefore, be made in the stools in all cases where defective thyroidal activity is suspected for the eggs of parasites, and where these are found anthelmintic treatment should be combined with the thyroid medication.

The important influence which, as my experiments have shown, is exercised on the thyro-parathyroid mechanism by certain intestinal anaerobes (13) makes it necessary to restrain the growth of such organisms in the intestinal tract in cases of thyroidal disease. The administration of the *Bacillus lacticus bulgaricus* or of potent intestinal antiseptics, and colon irrigations with antiseptic fluids, such as 1 per cent. ichthyol solution, are, therefore, methods of treatment to be recommended in such cases.

It is my hope that by again directing attention to the part played by thyro-parathyroid defects in the production of a definite type of congenital palsy cases dependent on such defects may be earlier

and more widely recognised and treatment applied along the lines suggested by the nature of the underlying lesion.

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Abstracts from Current Literature.

Medicine.

Recurrent multiple neuritis in a child ('*Med. Record*,' 1914, LXXXV, p. 1031).—M. A. Rabinowitz records a case in a girl who had the first attack at 9 and the second at 12 years. On both occasions the attack started with weakness in both fingers and hands, which was rapidly followed by a similar condition of both feet. There was no constitutional disturbance. Perfect recovery took place within a year after the first attack. A year after the onset of the second attack there was almost complete recovery. No cause could be assigned for the paralysis, such as alcohol, anæmia or diphtheria.

J. D. ROLLESTON.

Spina gliosis occurring in three members of the same family suggesting a familial type ('*Am. Journ. Med. Sci.*,' 1913, CXLVI, p. 386).—G. E. Price describes a condition in two males, aged 13 and 22 years, and one female, aged 24 years. In the latter a small sore appeared first on the right great toe at the age of 8, healed rapidly after the discharge of bone, and was followed two years later by a similar ulcer on the second finger of the right hand. There was total or partial amputation of the distal phalanges of the affected fingers, the extremities were clubbed. The

nail was thickened and had marked transverse ridges. All the finger joints were enlarged and stiff; the second joint of the right middle finger showed a distinct arthropathy. The right foot was clubbed. The great toe was absent and the second partially gone. The other toes were deformed and displaced upwards and backwards. The left little toe was lost, and there was partial loss of the others. Sensation was totally lost over the arms and feet, gradually diminishing as the distance from the periphery increased. The gait was halting owing to the deformity. There was no muscular wasting and no tremors; palsies, contractures or spasticity were present. The arm and leg reflexes were absent. There was no Babinski nor ankle clonus. In one case, in addition to the above changes superficial ulcers of the size from a quarter to a half dollar extended from both ankles to the knees. The Wassermann test was negative in all three. The other two children were healthy. The disease was syringomyelia, Raynaud's disease being eliminated by absence of vaso-motor changes and absence of defective sensation. The latter also ruled out sclerodactyla. The diagnosis from leprosy was made by the absence of pigmentation and the defect of sensibility being segmental rather than peripheral in type.

CHRISTOPHER ROLLESTON.

Spasmophilia with special reference to familial reactions and repeated absences (*Am. Journ. Dis. Child.*, 1914, vii, p. 140).—J. P. Sedgwick finds that in all cases of spasmophilic infants, aged one year or less, the nursing mothers have shown marked heightened electrical excitability. The repeated non-epileptic absences resemble *petit mal*, but bear no relation to epilepsy and have nothing to do with hysteria. They appear to clear up before puberty.

F. R. B. ATKINSON.

Hereditary degeneration (pseudo-hypertrophic muscular dystrophy in combination with degeneration in the central nervous system) (*Am. Journ. Med. Sci.*, 1913, cxlvi, p. 716).—C. D. Camp discusses the ætiology of certain hereditary conditions, specially bearing in mind the rare cases in which there is a combination of myelopathic and myopathic degeneration. This combination may occur in different generations; thus, he records a case of pseudo-hypertrophic myopathy in a child whose father and grandfather suffered from spinal muscular atrophy starting by wasting of the hand muscles. The combination may also occur in one individual; thus he has met with a case of Friedreich's ataxia combined with pseudo-hypertrophic myopathy. Other examples of similar conditions are quoted from the literature. The author suggests that such combined cases must be taken into account when the ætiology of heredo-degeneration is considered. His argument is as follows: In ordinary cases of dystrophy the same type of defect is usually transmitted from parent to child, and the defect is apparently transmitted as are other family traits. Were these the only cases known, we might be satisfied with regarding them as due to "heredity," even though the primal causative factor is unknown. But when we find a case in which one type in a parent is followed by another type of degeneration in the offspring, or when we find degenerative changes variously localised in one individual, it seems more probable that something truly external is acting on the organism, attacking the weaker parts. If that be so, it is possible that the external factor is one which might be removed or dealt with. The author does not allude to the curious sex-incidence shown by some of the maladies in question.

REGINALD MILLER.

Seven cases of pseudo-hypertrophic muscular paralysis, with a special note on the differential blood count (*South African Med. Record*, 1904, XII, p. 251).—**J. J. Levin**.—All the cases were males; three were brothers; the ages ranged between nine and fifteen years. Five had tachycardia. The lowest percentage of mononuclear leucocytes was 38 per cent. and the highest 69 per cent. He thinks the disease is due to a germ.

F. R. B. ATKINSON.

Chronic dementia, cerebellar ataxia, and epileptiform convulsions caused by ptomaine poisoning (*Journ. Amer. Med. Assoc.*, 1914, LXII, p. 1712).—**C. W. Burr** reports the case of a boy, aged 14 years, whose father's character suggested a certain degree of mental insufficiency. The boy himself was of average character and intelligence and had never had any serious illness. Together with twenty other boys he ate some canned salmon at school. In a few hours all became very ill with symptoms of fish poisoning, and several died. The patient survived, but suffered from fever for several months. During this time he had a transient hemiplegia, several general convulsions, and bed sores. At times he was delirious. At the end of eighteen months his dull and stupid state occasionally gave place to acute delirium lasting from two days to two weeks, and convulsions occurred about once a month. When in a state of delirium he rambled in his talk, dwelling on love and religion, and at times he was profane and obscene. He had no knowledge of his whereabouts and was foolishly happy, not violent, but restless. There was no palsy, but his gait was very ataxic—a true cerebellar ataxia. The knee-jerks were normal, but there was no sphincter control. Later he had a number of fleeting visual and auditory hallucinations and presented the picture of dementia plus cerebellar ataxia. The knee-jerks became increased, but the sphincter control was regained. Articulation was good. A month after this the knee-jerks were again normal, and there was no ataxia in the hands. His memory for places and recent events was very poor. His speech became slow and drawling, but his memory improved a little. Severe headaches supervened, and he was occasionally nauseated, but never vomited. The knee-jerks again became increased, but there was no vertigo. His memory became worse, and two general convulsions and five attacks of unconsciousness occurred with many attacks of minor epilepsy. Two years and four months after the commencement of his illness he began to grow, growth having previously been in abeyance. The eyes showed a slight lateral nystagmus and pallor of the discs. The *petit mal* has continued, and when last heard of the patient was still demented and ataxic. Syphilis can positively be excluded.

T. R. WHIPHAM.

Alcoholic cirrhosis of the liver in twins (*Boston Med. and Surg. Journ.*, 1914, CLXX, p. 542).—**T. Ely** records the occurrence of alcoholic cirrhosis in two twins. These were breast-fed for fourteen months, and when weaning was accomplished were given brandy. At first this was administered at the rate of three drops every hour, but later was given from time to time in such quantities as half a teacupful. It was estimated that each twin had consumed about a quart of brandy before symptoms of cirrhosis developed. The disease appeared almost simultaneously in both children at the age of four and was fatal in one case which was complicated by tuberculosis.

REGINALD MILLER.

Acute nicotine poisoning (*Journ. Amer. Med. Assoc.*, 1914, LXII, p.

1723).—**H. S. Reynolds** reports the case of a Slav infant, aged 5 months, in the nipple of whose bottle after two feedings the mother discovered some tobacco. More tobacco was also found in the milk basin. After a few hours the child vomited twice and became cyanosed and collapsed. He sweated profusely, and the extremities became cold and clammy. There was some twitching of the muscles of the face, and the pupils were widely dilated. The pulse was weak and irregular, and the respirations were slow and laboured, so that artificial respiration was resorted to on several occasions. Atropine, strychnine, brandy, epinephrin, coffee enemata, external heat and gastric lavage were administered, but after a temporary improvement the child died suddenly. After death the skin became almost immediately covered with purple blotches suggestive of extreme vaso-motor disturbance.

T. R. WHIPHAM.

A case of stramonium poisoning (*Austral. Med. Gaz.*, 1914, xxxv, p. 341).—**W. C. Howle**.—A child, aged 3 years, eat six cobs of the *Datura stramonium*, and half an hour afterwards was delirious with a marked erythema of the face, chest, abdomen, and fauces. The pulse was over 200. Recovery took place very quickly after washing out the stomach.

F. R. B. ATKINSON.

Guaiacol poisoning by absorption (*Arch. of Ped.*, 1914, xxxi, p. 285).—**L. A. Sexton**.—A child, aged 3 years, was attacked with scarlet fever of moderate severity on February 10 complicated by cervical adenitis and otorrhœa, and on March 12 by inflammation of the elbow, wrist and knee-joints. On March 21 these were painted with a 50 per cent. solution of guaiacol in glycerin. On the evening of the next day the pulse became rapid and weak, vomiting occurred and large quantities of dark brown urine voided. Restlessness increased, cyanosis gave way to pallor, and the pupils became widely dilated. The child died thirty-four hours after the application. The urine was found to contain guaiacol, but no hæmoglobin or blood were found in the urine. No impurity was found in the drug.

CHRISTOPHER ROLLESTON.

On the toxic effect of pituitary extract on the newborn, probably through the mother's milk (*Zentralb. f. Kinderheilk.*, 1914, xix, p. 43).—**H. B. Sheffield**.—Before delivery the mother had been given two injections, each containing 1 c.c. of pituitary extract, for uterine inertia. The child was normal at birth, swallowed water without difficulty, and slept quietly until eight hours after birth it was put to the breast. Shortly afterwards twitching of the extremities began and increased considerably when the child was put to the breast two hours later. When seen by Sheffield twelve hours after the mother's injections, the child was having attacks resembling tetanus every few minutes. Breast-feeding was stopped for some time and bromide and chloral were given. In six hours the child had improved and within two days was quite well.

J. D. ROLLESTON.

Pituitary infantilism (*Thèses de Paris*, 1913-14, No. 385).—**S. Chauvet**.—The existence of pituitary infantilism is proved by: (1) Clinical cases without histological confirmation showing signs of pituitary lesions. (2) Clinical cases with histological confirmation. (3) Experimental evidence. When the lesion is confined to the anterior lobe of the hypophysis, pure infantilism results. When the morbid process is not due to a tumour, no

pressure symptoms are observed. On the other hand, when the lesion is due to a tumour, the clinical picture consists of the following symptoms: Pituitary neuralgia, olfactory troubles, bitemporal hemianopsia, widening of the sella turcica, and many other signs of cerebral tumours in general. When the lesion invades the pars intermedia and posterior lobe, there may be also certain symptoms indicating functional disturbances of these organs, viz. adiposity, disorders of carbohydrate metabolism, polyuria and polydipsia, changes in the blood-pressure, somnolence and other less important symptoms.

J. D. ROLLESTON.

Hypophyseal disease and diabetes insipidus (*Med. Record*, 1914, LXXV, p. 242).—D. B. Jowett reports two cases of diabetes insipidus associated with pituitary signs, one of which was in a boy, aged 12 years. In this case there were infantilism, headaches, restriction of visual fields, drowsiness and small sellar outline, combined with polyuria and polydipsia. There was no adiposity, the child being much wasted. Subtemporal decompression was performed and anterior lobe pituitary substance administered with considerable improvement in the boy's general condition. The polyuria persisted.

REGINALD MILLER.

Familial obesity with perturbation of the glands of internal secretion (*Bull. et mém. Soc. méd. Hôp. de Paris*, 1914, XXXVII, p. 290).—Laignet, Lavastine and Pitulesco.—In a family of thirteen children only four reached adult life and all showed the characteristic adiposo-genital syndrome and some signs of incomplete Graves' disease. A skiagram was taken in one case, but nothing remarkable was found. Wassermann's reaction had not been performed, and there were no obvious symptoms of heredo-syphilis, but the high familial mortality and the dystrophy were suggestive of that disease.

J. D. ROLLESTON

Infantile obesity of the adiposo-genital type (*Lyon Méd.*, 1913, CXXI, pp. 929 and 983).—G. Mouriquand, in his communication to the Association française de Pédiatrie in October, 1913, under the heading of "Semiology and clinical varieties," discusses Fröhlich's syndrome with pituitary lesions, the adiposo-genital syndrome in extra-pituitary cerebral lesions, and the same in the absence of pituitary or characteristic cerebral lesions, and also Dercum's disease. The experimental side of its pathology is described, together with the changes in the genital system, the changes in nutrition, and the relation of infantile obesity to diabetes. Under the heading of treatment the author includes surgical methods, radiotherapy, and opotherapy.

VINCENT DICKINSON.

Clinical and anatomical researches on a case of infantilism in an idiot (*Arch. de Neurol.*, 1913, 1, sér. XI, p. 69).—C. Parhon and A. Tupa describe a case in a small idiot, aged 19 years, son of an alcoholic father who had never been able to walk or talk. Facial, pubic and axillary hair was wanting, one testicle was undescended, the other very small. The head was large when compared with the rest of the body. The forehead was narrowed and the occiput flattened. The legs were bowed and spastic, the thighs flexed on abdomen and the legs on the thighs. The arms were similarly flexed and contracted. Passive movements were painful. The brain was reduced to a weight of 738 grm. There was no abnormality of heart or arteries. Tuberculosis of both lungs was present. The right

kidney was much diminished in size. The epiphyseal cartilages of the long bones persisted.

CHRISTOPHER ROLLESTON.

A case of supposed progeria (*Boston Med. and Surg. Journ.*, 1914, CLXXI, p. 107).—C. W. Rand alludes to the cases described by Hastings Gilford (*vide* BRITISH JOURNAL OF CHILDREN'S DISEASES, 1911, VIII, p. 289) and Variot and Pironneau (*ibid.*, 1910, VII, p. 464) and records a personal case. The patient was a girl, aged 8 years, of dwarfish dimensions with double dislocation of the hips and every appearance of being a miniature old woman. Height, 96 cm. (3 ft. 1 $\frac{3}{4}$ in.), was practically that of a child of four years; weight, 14.1 kg. (81 lbs.), was about 10 kg. less than normal. The skin of the entire body was extremely soft, very elastic and thrown into innumerable wrinkles. There was almost complete atrophy of subcutaneous tissues except over the breasts and external genitalia. The hair of the scalp was very abundant and dark, but there was no hair on the axillæ or over the pubes. The genitalia were still infantile. There was great laxity of all the joints. Skiagrams of the skull showed that the sutures had not completely united and the presence of Wormian bones in the lambdoid sutures. The sella turcica was normal in size and contour. There were no abnormal shadows in the sella or interpeduncular region. The heart was not enlarged, and there were no bruits, but the sounds were loud and the radials remarkably rigid for a child. Rand alludes to Parkes Weber's case of mitral dwarfism (*vide* BRITISH JOURNAL OF CHILDREN'S DISEASES, 1913, X, p. 203) in which the under-development was attributed to a hypoplasia resulting from an inadequate arterial supply. The lungs, liver and spleen appeared normal. The neurological examination was negative. The mentality was that of a child of 7 years.

J. D. ROLLESTON.

Hutchinson's teeth as an expression of thyroid insufficiency (*Dermat. Woch.*, 1914, LVIII, p. 545).—A. Josefson.—A myxœdematous girl, aged 14 years, in whom Wassermann's reaction was negative, showed crescentic notches of both upper and lower central incisors. There was also considerable delay in the development of the bones of the hands and feet.

J. D. ROLLESTON.

Megacolon in a child, aged 5 years, with myxœdema and fatal inversion of the viscera (*Arch. de Méd. des Enf.*, 1914, XVII, p. 53).—Péhn found that 0.07 gr. of thyroidin, continued for a long time, markedly improved the intellectual capacity. The child died of broncho-pneumonia, and on autopsy the megacolon and total inversion of the viscera were found, no evidence of megacolon being present during life. He considers that the coincidence of a thyroïdal aplasia and fatal transposition of the viscera supports the view that megacolon is a congenital malformation.

F. R. B. ATKINSON.

Œdema in infants (*Arch. of Ped.*, 1914, XXXI, p. 5).—H. D. Chapin puts forward a classification of these cases under four headings: (1) In cases of difficult digestion and mal-assimilation in which the toxæmia of diarrhœa produces vaso-motor paralysis; the œdema being analogous to urticaria. (2) In various exhaustive conditions, prematurity, marasmus, secondary anæmias, œdema neonatorum, and in long debilitating diseases. (3) In various constitutional diseases, *e. g.*, syphilis, tuberculosis, erysipelas, pertussis, etc. (4) Angioneurotic œdema.

REGINALD MILLER.

Milroy's disease ('*Cleveland Med. Journ.*,' 1914, XIII, p. 316).—**J. Phillips** records two cases of persistent hereditary œdema of the legs (Milroy's disease), with acute exacerbations in father and son. In the father, aged 40 years, there was a well-marked painless œdema of the left leg from the knee downwards. It had been present since the first year of life. It had never caused him much inconvenience, but since the age of 10 years the leg at times would become red, swollen, hot and tender for three or four days. The son, aged 6 years, had shown a similar condition of the right leg since he was four months old. After a slight scratch on the foot he developed in a few hours a red, brawny, very tender and painful swelling extending to the knee. The temperature rose to 104° F., and there were severe nausea and vomiting. All the symptoms disappeared in three days, and there were no more acute attacks. J. D. ROLLESTON.

Angioneurotic œdema ('*Med. Record.*,' 1914, LXXXV, p. 1029).—**C. E. Munger** describes the case of a girl, aged 10 years, who suffered from an intense dyspnoea which had come on in apparent health within two hours. Intubation was performed, and the child recovered; six months afterwards the child died in a few minutes from another attack. The disease is often hereditary and runs a mild course except when it attacks mucous membranes; then death may occur rapidly. Injections of adrenalin chloride seemed to have given the best results of all the drugs used. Intubation or tracheotomy may be required. F. R. B. ATKINSON.

Ophthalmology.

Unusual case of congenital defect: absence of eyeballs ('*Amer. Journ. Obst.*,' 1914, LXIX, p. 1077).—**M. Strong** describes this condition in a healthy male child, born at term. At the age of seven he was mentally deficient. The condition is mentioned in Schwalbe's book on 'Teratology,' but is very rare. F. R. B. ATKINSON.

A case of oxycephalus ('*Riv. di Clin. Pediat.*,' 1914, XII, p. 346).—**P. Girardi** describes this case of a boy, aged 14 years, and gives a photographic reproduction of the patient and skiagram of the skull. There were marked symmetrical exophthalmos, divergent strabismus of the left eye, slight pupillary changes, and bilateral atrophy of the papilla. Lumbar puncture had no effect on the patient's condition. VINCENT DICKINSON.

Diphtheritic and diphtheroid diseases of the eye ('*Wien. klin. Rund.*,' 1914, XXVIII, p. 415).—**A. Slauck** records seventeen sporadic cases in children aged from six months to six years. Thirteen were bacteriologically examined. In only one was a pure culture of diphtheria bacilli obtained. In two diphtheroid organisms were found. In three others diphtheria bacilli were associated with staphylococci, streptococci and the Morax-Axenfeld diplobacillus, or staphylococci or streptococci were present either alone or in combination with one another. The most favourable cases were those in which diphtheria bacilli or diphtheroid organisms were present, owing to the readiness with which they yielded to the diphtheria antitoxin. In three such cases the throat was also affected. In spite of the bad prognosis attached by Langier to diphtheritic conjunctivitis following measles (*vide* BRITISH JOURNAL OF CHILDREN'S DISEASES, 1908, V, p. 412), the only case of this treated in the present series ran a very favourable course.

Six cases of staphylococcal infection were the most serious. The cornea was affected in all, and in three perforated. Uniform treatment was used in each case. Warm compresses of potassium permanganate were applied and the conjunctiva bathed with 1 in 5000 perchloride. When the membrane had separated, $\frac{1}{2}$ to 1 or 3 per cent. of silver nitrate solution was used. When the cornea was affected atropin was used for central lesions and eserin for peripheral lesions. Diphtheria antitoxin was injected in fifteen cases. No benefit ensued from local applications of the serum. J. D. ROLLESTON.

Corneal ulcer due to *B. pyocyaneus* (*Wien. klin. Rund.*, 1914, xxviii, p. 211).—**Jacobi** points out that *B. pyocyaneus* is a not unimportant cause of corneal ulcer, and the course is usually rapid and malignant. Though generally setting in after an injury, cases do occur when no trauma can be found, as happened to his patient, a boy, aged 12 years. The corneal ulcer in the right eye was very extensive; culture gave *B. pyocyaneus*. The result of treatment was unusually satisfactory. After an artificial coloboma had been made in the right eye, he could count fingers at $2\frac{1}{2}$ in.; vision was normal in the left eye. M. D. EDER.

Exophthalmic goitre in a girl, aged 7 years; similar heredity (*Bull. et mém. Soc. méd. Hôp. de Paris*, 1914, xxxvii, p. 708).—**G. Railliet**.—The father had had Graves' disease and died after thyroidectomy. The mother showed extreme nervousness, tremor and tachycardia. The first symptom in the child, viz. tachycardia, had occurred after an attack of whooping cough and measles. Exophthalmos was very pronounced. The tachycardia ranged from 100 to 160. Exaggerated growth was shown by her height at the age of 9 years being 1.28 m., i. e. 8 cm. higher than normal. Jellinek's sign, i. e. pigmentation of the lids, varied from time to time.

J. D. ROLLESTON.

Exophthalmic goitre in a child, aged 7 years (*La Clin. Inf.*, 1914, xii, p. 409).—**Railliet** reports a case which is interesting owing to the age of the patient, Graves' disease being exceptional below the age of 8 years. The first symptom noticed was the thyroid swelling, but there had been irritability of temper for some time previously. The exophthalmos was very marked; tremor had only been noticed for a short time. The pulse-rate varied from 92 to 120. The oculo-cardiac reflex showed a slight acceleration. Pigmentation of the eyelids and inequality of the pupils also existed. Hæmato-ethyroidine was administered for some time, but its high price prohibited its continuous use. Sodium salicylate was given up to 2 grm. daily. Twelve exposures to X-rays did not produce any amelioration. Some improvement, however, eventually took place spontaneously.

VINCENT DICKINSON.

Amaurotic idiocy with a positive Wassermann reaction (*Journ. Amer. Med. Assoc.*, 1914, lxii, p. 1545).—**G. E. Price** reports the case of a boy, aged 16 months, a Russian Jew, whose parents are living and in average health. There is no case of blindness in the family or any definite history of nervous or mental disease. One other child died shortly after birth from "hæmorrhage of the navel." The patient was born at full term after a normal labour and had been perfectly healthy until about two months old. He did not take any notice or sit up at the usual time, had never talked, and had never attempted to walk. His first tooth was cut when he

was seven months old. The child seemed backward in every way and had one convulsion two months prior to examination. Since this convulsion the baby had seemed dull and had not helped himself as much as formerly. The child was found to be well formed and well nourished, but with general muscular weakness. The reflexes were preserved, and Babinski's sign was present. Impairment of vision was evident, and a report of the ophthalmoscopic findings were as follows: "Double optic atrophy with a red spot in the region of each fovea centralis, surrounded by a whitish or greyish areola." A Wassermann test of the blood was positive, but an examination of the cerebro-spinal fluid of the child and of the blood of the mother was refused.

T. R. WHIPHAM.

Reviews.

ASPECTS OF DEATH IN ART AND EPIGRAM. ILLUSTRATED ESPECIALLY BY MEDALS, ENGRAVED GEMS, JEWELS, IVORY, ANTIQUE POTTERY, ETC. By F. PARKES WEBER, M.A., M.D., Fellow of the Royal Society of Antiquarians and of the Royal Numismatic Society. Second Edition, revised and much enlarged. With 126 illustrations. London: T. Fisher Unwin and Bernard Quaritch. Price 10s. 6d. net.

EVERY reader of this JOURNAL is familiar with Dr. Parkes Weber's erudition, of which the present volume offers another striking example. The work is divided into four parts. The first is an introduction and general account, the second contains an analysis of the various aspects of death and mental attitudes towards death, the third deals with medals and coins, and the fourth with engraved gems, finger rings, jewels, etc.

The book contains a vast amount of information culled from out-of-the-way sources, and we are, therefore, somewhat surprised that Dr. Parkes Weber has quoted only two "chestnut" examples of epitaphs on deaths in children (pp. 166g and 166h). Among the numerous excellent illustrations we may draw attention to a German plaque (p. 251) of about 1530 A.D., illustrating the beginning and ending of life, and representing a woman suckling an infant. On a tablet is a death's head and on a window-sill an hour-glass. Another medal (p. 261) with similar purport shows a naked child holding a flower seated by a skull and bones. In the background is a tree with one branch withered and the other in flower.

Dr. Parkes Weber is to be congratulated on his scholarly achievement, and it is to be hoped that some other writer will follow out his suggestion that many other subjects might be similarly treated, such as Law and Justice, Finance, Love, and Evolution.

J. D. R.

SYPHILOLOGY AND VENEREAL DISEASE. By C. F. MARSHALL, M.D., M.Sc., F.R.C.S. Third Edition. London: Baillière, Tindall & Cox. 1914. Price 10s. 6d. net.

THE present edition of Dr. Marshall's well-known text-book has been well brought up to date. As pointed out in our review of the last edition (*vide* BRITISH JOURNAL OF CHILDREN'S DISEASES, 1912, ix, p. 431), a considerable portion of the work is taken up by a discussion of the various aspects of syphilis and gonorrhœa in children. Several pages are devoted to the question

of the paternal transmission of syphilis, with the conclusion that there is not sufficient evidence to justify renunciation of the doctrine. As regards the prophylaxis of inherited syphilis, it should be noted that Dr. Marshall recommends mercury in preference to salvarsan in treatment of the mother during pregnancy. An important chapter has been added on "Venereal Disease and Public Health," in which the author states that ophthalmia neonatorum is the cause of one third of all cases of blindness in the blind schools, and that inherited syphilis is one of the principal causes of deafness in children.

J. D. R.

ALIMENTARY ENZYMES IN THEORY AND APPLICATION, WITH SPECIAL REFERENCE TO THEIR USE IN TREATMENT AND DIETETICS. Benger's Food, Ltd., Otter Works, Manchester.

THOUGH obviously intended as an advertisement for Benger's products, this volume contains a mass of practical information which will well repay perusal. Many points regarding the digestion both of infants and adults are discussed, and the chapter on the physiology of digestion affords a critical survey of recent medical literature on this subject. The second part of the book deals more especially with the use of Benger's products. The work is based largely on questions put to the firm from time to time, and is an attempt to present the information in a connected form, in the hope that it may prove interesting and useful to medical men generally, and in order that they may have available detailed and authentic information whenever such is required. We understand that any qualified medical man can have a copy of the book on application to Messrs. Benger's Food, Ltd.

J. A.

Correspondence.

To the Editor of THE BRITISH JOURNAL OF CHILDREN'S DISEASES.

DEAR SIR,—May I solicit the hospitality of your columns to make known the requirements of the Maternity Nursing Home which is being started by the Professional Classes War Relief Council?

Mr. J. Pierpont Morgan has most generously lent us 13 and 14, Prince's Gate for the Nursing Home for the period of the war, and now we have to furnish it. Many people who are not in a position to give money may be able to give or lend some of the things that go to the furnishing of a house, such as furniture of all sorts, house- and table-linen, blankets, cutlery, plate, screens; also bassinets and baby clothes.

Would those kindly offering help write first to Mrs. Hills, 32, Prince's Gardens, S.W., stating what they are prepared to give and what to lend?

On acceptance of their offers they will be asked to send the articles direct to 13, Prince's Gate, S.W., clearly marked in the case of articles on loan.

Crockery and glass we can only accept as a gift, as we cannot insure against breakage.

All furniture will be insured against fire.

I am,

32, Prince's Gardens, S.W.;
November the 4th, 1914.

Yours faithfully,

JULIET HILLS.

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